

CLAS Standards 101, or An Introduction to the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care

**Alison Stratton, PhD
DPH CLAS Standards Coordinator
Office of Health Equity
Connecticut Department of Public Health**

CLAS Standards 101: Overview

- Introduction, Definition
- Legal Basis for the CLAS Standards
- The 15 CLAS Standards
- Applying CLAS Standards
- Guidance for CLAS Standards Compliance
- Contract Language: CLAS-related Provisions

What are the CLAS Standards?

The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (the CLAS Standards) “are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint for individuals and health and health care organizations to implement culturally and linguistically appropriate services.”

(Adapted from: <https://www.thinkculturalhealth.hhs.gov/Content/clas.asp>)



Legal Basis: Title VI of Civil Rights Act of 1964

- “No Person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.” (42 United States Code § 2000d)

Legal Basis: Other Cases, Acts

- “National origin” discrimination has been found to equate to “language-based” discrimination.
- *Lau v. Nichols* [1974]
- American with Disabilities Act and Amendments Act [1990, 2009]
- Rehabilitation Act of 1973
- Affordable Care Act and the Health Care and Education Reconciliation Act [2010]

Why adopt/implement the CLAS Standards?

The National Center for Cultural Competence notes that adopting and implementing the CLAS Standards will help health and health care organizations to:

- Respond to current and projected demographic changes in the U.S.
- Eliminate long-standing health disparities of people of diverse racial, ethnic and cultural backgrounds.
- Improve the quality of services and primary care outcomes.
- Meet legislative, regulatory, and accreditation mandates.
- Gain a competitive edge in the market place.
- Decrease the likelihood of liability/malpractice claims.

(Adapted from <http://nccc.georgetown.edu/foundations/need.html>
<https://www.thinkculturalhealth.hhs.gov/pdfs/EnhancedCLASStandardsBlueprint.pdf>)



15 CLAS Standards: Four Themes

Revised and enhanced in 2013, there are 15 CLAS Standards, grouped into four “themes.” The CLAS Standards are meant to be used as a whole.

- Principal Standard (Standard #1)
- Governance, Leadership, and Workforce (Standards #2-4)
- Communication and Language Assistance (Standards #5-8)
- Engagement, Continuous Improvement, and Accountability (Standards #9-15)

Principal Standard (Standard #1)

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership, and Workforce (Standards #2-4)

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.

3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.

4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance (Standards #5-8)

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability (Standards #9-11)

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

Engagement, Continuous Improvement, and Accountability (Standards #12-15)

12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.

13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent, and resolve conflicts or complaints.

15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the general public.

To Whom Do the CLAS Standards Apply?

The CLAS Standards:

- Apply to all federally-funded programs, services and activities.
- Apply to a program, service or activity if it receives any amount of federal funding.
- Apply to the entire organization even if only one part of the organization receives federal funding.

Provide “Meaningful Access” to Services

Clients must have “meaningful access” to services, including:

- Provision of language assistance to people with limited English proficiency (LEP) – at no cost to them.
- Use of trained /certified interpreters (or staff, or volunteers).
- Provision of translation of vital documents.
- Not using children, friends, family as interpreters.

Language Access Policy and/or Plan: Considerations Related to CLAS Standards Implementation

- Does your organization have a Language Access Policy and/or Plan which outlines directives, plans, and protocols for providing meaningful access to your services?
- Have you conducted a “four-factor analysis” of access to your organization’s services?
 - This analysis tool derives from a 2003 Federal Register document developed in part by the federal Department of Health and Human Services to answer questions about implementation of, and compliance with, the CLAS Standards.
 - It is informally called the “four-factor” analysis.

DHHS Guidance Document: “Four-Factor Analysis,” or “Guidance to Federal Financial Assistance Recipients Regarding Title VI Prohibition Against National Origin Discrimination Affecting Limited English Proficient Persons.”

Each health or health care organization should determine:

1. The number or proportion of LEP persons eligible to be served or likely to be encountered by the program or grantee;
2. The frequency with which LEP individuals come in contact with the program;
3. The nature and importance of the program, activity, or service provided by the program to people’s lives; and
4. The resources available to the grantee/recipient and costs.

(adapted from 68 FR 47311, or Federal Register, Vol. 68, no. 153, August 8, 2003, pp. 47311-47323)



Contracts: Considerations Related to CLAS Standards Implementation

- Has your agency signed contracts that include non-discrimination language or CLAS-related provisions?
- All contractors/grantees who sign a “Purchase of Service (POS)” Contract with DPH agree to all non-discrimination and CLAS-related provisions, and
- All contractors/grantees who sign a “Personal Service Agreement (PSA)” contract with DPH agree to all non-discrimination provisions within, including “national origin” provisions.

Selected CLAS-Related Provisions in POS Contracts:

Subsection A.1.8. Cultural Competence

The contractor shall deliver culturally competent services. Culturally competent services encompass a set of behaviors, skills, attitudes and polices that promote awareness, acceptance, and respect for differences among people by developing flexible service delivery that can be easily adapted to meet the evolving and/or emerging needs of diverse populations. This may include but is not limited to the following:

- a) a program or institutional mission or goal statement that explicitly incorporates a commitment to cultural diversity,
- b) policies and procedures for the provision of interpreter/ translator services,
- c) readily available bilingual staff who can communicate directly with clients in their preferred language, and who are assessed for their ability to convey information accurately in both languages,



Subsection A.1.8. Cultural Competence cont'd

d) the development of non-English client-related materials that are appropriate for the population served by the program,

e) signage (in commonly encountered languages) that provides notices and directions to services within the facility,

f) policies and procedures to address the needs of the patient population, taking into account factors such as race and ethnicity, age, gender, hearing impairment, visual impairment, physical disability, mental illness, developmental disability, and sexual orientation,

g) strategies in place to actively recruit and retain a culturally diverse staff[...]

Subsection A.1.8. Cultural Competence cont'd

- h) institutional policies and procedures to accommodate the ethnic and cultural practices of patients, families and staff,
- i) an organized way to collect data on the ethnic and cultural characteristics of patients and families served by the program, and
- j) surveys and other methods of assessing the satisfaction of patients and their families related to cultural diversity.

REVIEW

- CLAS STANDARDS: INTRODUCTION AND DEFINITION
- LEGAL BASIS FOR THE CLAS STANDARDS
- REVIEW OF THE 15 CLAS STANDARDS
- APPLYING CLAS STANDARDS; MEANINGFUL ACCESS TO SERVICES
- COMPLIANCE AND THE FOUR-FACTOR ANALYSIS
- DPH CONTRACT LANGUAGE: CLAS-RELATED PROVISIONS

Contact Information

Alison Stratton, Ph.D.
DPH CLAS Standards Coordinator
Refugee and Immigrant Health Coordinator
TB Control Program
Connecticut Department of Public Health
E-mail: alison.stratton@ct.gov

Margaret M. Hynes, PhD, MPH
Senior Epidemiologist and Director –
Office of Health Equity
Connecticut Department of Public Health
E-mail: margaret.hynes@ct.gov

